

MISSOURI MOTOR VEHICLE ACCIDENT REPORT FORM AND INSTRUCTIONS

FILE THIS REPORT IF:

1. The accident happened in Missouri.
2. One year has not passed since the accident happened.
3. Someone involved in the accident did not have liability insurance coverage.

AND

4. There is damage to any one or more person's property in **excess** of \$500; or there was personal injury or death.

FILING A REPORT:

1. Fill in all blanks on the attached report, if possible.
2. Sign the report. (The report will be rejected back to you if it is not signed.)
3. Attach any of the following reports that pertain to this accident.
 - A. Estimate of cost to repair a vehicle or other property.
 1. The estimate must be itemized.
 2. The estimate must be **signed** by the person who prepared it.
 3. The date of estimate must be on or after the date of the accident.
 - B. Physician's report/medical bills.
 1. Physician's report/medical bills must give a **detailed** explanation of the type and extent of injury.
 2. Physician's report/medical bills **must be signed** by the physician.
 - C. Death certificate or copy of police report that indicates there was a fatality.
4. If available, attach a letter from the insurance company of the uninsured motorist denying insurance coverage for the accident.

**** GENERAL INFORMATION ****

- * It is the responsibility of the operator, not the state, to bring an action at law on the claim of the operator arising out of the accident.
- * The security deposited shall only be applied to the payment of a judgment against the person or persons on whose behalf the deposit was made.
- * The Department of Revenue shall return the deposit to the depositor after the expiration of one year from the date of the accident, or as otherwise provided in Missouri Revised Statute, Section 303.060.



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE ACCIDENT REPORT

BUREAU CASE NUMBER

ACCIDENT DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	NUMBER OF VEHICLES INVOLVED	STATE IN WHICH ACCIDENT OCCURRED
ACCIDENT LOCATION - STREET NAME OR HIGHWAY NUMBER		AT OR NEAR INTERSECTION	COUNTY
WAS A POLICE REPORT MADE ON THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT POLICE AGENCY MADE THE REPORT	

LIABILITY INSURANCE INFORMATION: IF ANY OF THIS INFORMATION IS INCOMPLETE, YOU WILL BE CONSIDERED UNINSURED FOR THIS ACCIDENT.

AT THE TIME OF THE ACCIDENT, WAS YOUR VEHICLE COVERED BY PROPERTY AND BODILY INJURY LIABILITY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE COMPANY	INSURANCE POLICY NO.
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YOUR VEHICLE - DRIVER INFORMATION				YOUR VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

OTHER INVOLVED PARTIES

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

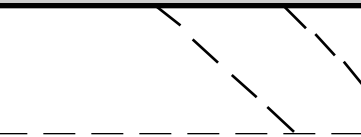
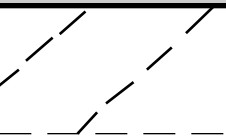









OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

COMPLETE REVERSE SIDE

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION				
DRIVER			SEX	OWNER			OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER LICENSE NUMBER	
CITY, STATE			ZIP CODE	CITY, STATE				ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE	VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE	YEAR

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION				
DRIVER			SEX	OWNER			OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER LICENSE NUMBER	
CITY, STATE			ZIP CODE	CITY, STATE				ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE	VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE	YEAR

DIAGRAM DESCRIPTION OF ACCIDENT			
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> NORTH  </div>	<div style="text-align: center;">INSTRUCTIONS</div> <p>DRAW PICTURE OF ROADWAY AT PLACE OF ACCIDENT. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.</p>
			<p>EXAMPLE  <div style="display: inline-block; text-align: center; margin: 0 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">1</div>  <div style="border: 1px solid black; padding: 2px 10px;">2</div> </div> </p>
			<div style="text-align: center;">SYMBOLS</div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>1. VEHICLES </p> <p>2. MOTORCYCLE </p> <p>3. PEDESTRIAN </p> </div> <div style="width: 50%;"> <p>4. RAILROAD </p> <p>5. UTILITY POLE </p> </div> </div>

[illegible]

I STATE THAT THE INFORMATION ON THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	SIGNATURE	I AM: <input type="checkbox"/> DRIVER	<input type="checkbox"/> CORP. OFFICER
		<input type="checkbox"/> OWNER	<input type="checkbox"/> AGENCY OFFICIAL

MAIL TO: MISSOURI DEPARTMENT OF REVENUE, DRIVER AND VEHICLE SERVICES BUREAU,
P.O. BOX 200, JEFFERSON CITY, MISSOURI 65105-0200 (573) 751-7195. FAX TO: (573) 526-7365